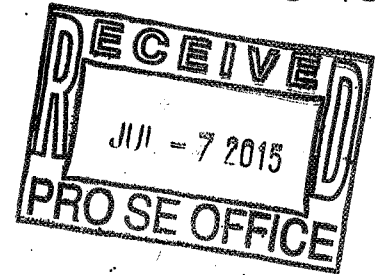


15CV5320

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Jose Guevara



(In the space above enter the full name(s) of the plaintiff(s).)

-against-

City Of New York  
New York Police Department  
Detective John Doe, NYPD  
Detective Jane Doe, NYPD  
Detective John Doe, NYPD  
Detective John Doe, NYPD

COMPLAINT

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No  
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Jose Guevara  
ID # #3491201991  
Current Institution N.I.C. (DORM 3)  
Address 1500 Hazen St.  
E. Elmhurst, NY 11370

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name John Doe, Detective

Shield # \_\_\_\_\_

Where Currently Employed 25th PrecinctAddress 120 E. 109th St.New York, NY

Defendant No. 2

Name Jane Doe, Detective

Shield # \_\_\_\_\_

Where Currently Employed 25th PrecinctAddress 120 E. 109th St.New York, NY

Defendant No. 3

Name John Doe, Detective

Shield # \_\_\_\_\_

Where Currently Employed 25th PrecinctAddress 120 E. 109th St.New York, NY

Defendant No. 4

Name John Doe, Detective

Shield # \_\_\_\_\_

Where Currently Employed 25th precinctAddress 120 E. 109th st.New York, NY

Defendant No. 5

Name \_\_\_\_\_

Shield # \_\_\_\_\_

Where Currently Employed \_\_\_\_\_

Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?  
UPON BEING ARRESTED AT MY HOME RESIDENCE LOCATED AT 230 E.  
123RD ST. New York, NY 10033

B. Where in the institution did the events giving rise to your claim(s) occur?  
January, 31, 2012 at aprox. 8-8:30PM

C. What date and approximate time did the events giving rise to your claim(s) occur?  
January 31, 2012 at aprox. 8-8:30PM

D. Facts: On January 31, 2012 in the P.M. hours as I was coming home from work, I was assaulted by two assailants possibly a third (a female) after that I don't remember much. Next thing I do remember I'm at the 25th precinct suffering extreme pain throughout my head specifically on my left side, neck and spinal cord. I don't know how I got to the 25th precinct but the brightness of the p.c.t. lights started to bother me as I walked inside. I requested a number of times to use the bathroom because I felt nauseas but I could not vomit. I asked the officer that I needed medical attention but I was ignored. The next morning, Feb. 1, 2012 as I was being transported to Manhattan central booking I stressed again that I needed medical attention and one of the officers stated I would see one in central booking. While driving to central booking the officer on the passenger side was telling the officer on the driver side about how much over time he had made. Finally on Feb. 02, 2012 I got some medical treatment resulting in 2 tylenols. Today I have a tumor like bump on the left side of my head, with left eye and ear pain leaving me with partial loss and blurry vision and some loss of hearing. I'm also experiencing nerve damage and headaches that go beyond my migraines. I also have neck and back pain and most of the time I hear some type of drum in my head. or ringing.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

yes, I sustained blunt force trauma to the left side of my head neck and back also left eye.

Now I asked for medical treatment numerous times through second opinion and they keep giving me the run around

#### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes \_\_\_\_\_ No XXX

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☐ No ☐ Do Not Know ☐ N/A

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☐ N/A

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☐ GRIIVANCE WAS FILED (SEE ATTACHED) NO RESPONSE RECEIVED

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

CIVILIAN COMPLAINT REVIEW BOARD

1. Which claim(s) in this complaint did you grieve?

DEPRIVATION OF MEDICAL TREATMENT WHILE IN POLICE CUSTODY

2. What was the result, if any? PENDING

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

N/A

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. \_\_\_\_\_

The Civilian Complaint Review Board Is The Only Outlet  
available in greivance police misconduct.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). \_\_\_\_\_

Money Damage In The Amount 0 \$20million and have defendants  
confirm their misconduct in failing to provide plaintiff  
with medical attention which has continued detrimental stress  
due to the head injury suffered on the day in question and  
to hopefully keep others from experiencing the same misconduct  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes XX No \_\_\_\_\_ DISMISSED W/O PREJUDICE ORDERED TO REFILE at LATER TIME.

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff SAME AS ABOVE

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) U.S.D.C. SOUTHERN DIST.

3. Docket or index number \_\_\_\_\_

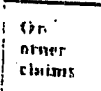
4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_



- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment? Yes \_\_\_\_\_ No XX

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_



7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 29 day of June, 2015

Signature of Plaintiff

Inmate Number

Institution Address

3491201991

N-I-C

1500 Hazen street

East Elmhurst

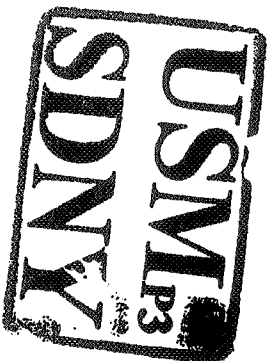
New York N.Y 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 29 day of June, 2015 I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

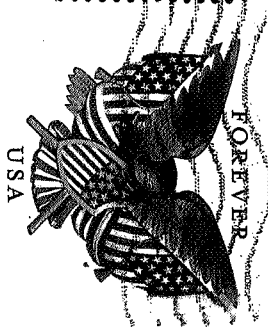
Signature of Plaintiff:

Guevara José  
B/c 3491201991  
N-I-C  
1500 Hazen street  
East Elmhurst N.Y 11370



PRO-SE  
7/6/15  
Jao

NEW YORK NY  
JUL 11 11 55 AM '15



United States District Court  
Southern District of New York  
Daniel Patrick Moynihan United States  
Court House  
500 Pearl Street  
New York New York 10007

RECEIVED  
CLERK OF COURT  
JUL 11 2015  
A 8:40

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